

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**  
COVER SHEET PG 1

<b>The JC/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00081820	<b>2</b> Total pages filed:  30
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Janice L.	MI
	NICKNAME	LAST Berg	SUFFIX
<b>OFFICE USE ONLY</b>			
			Date Received <b>ELECTRONICALLY FILED</b> 07/16/2018
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 106 Avondale St.  Houston, TX 77006		ZIP CODE
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
			Date Imaged
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Bethany G.	MI
	NICKNAME	LAST Arnold	SUFFIX
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	106 Avondale St.  Houston, TX 77006		
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(713) 392-4148			
<b>8</b> REPORT TYPE	<input type="checkbox"/> January 15		
	<input checked="" type="checkbox"/> July 15		
		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
		<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	
		<input type="checkbox"/> Final Report (Attach C/OH-FR)	
<b>9</b> PERIOD COVERED	Month	Day	Year
	01	01	2018
THROUGH			06/30/2018
<b>10</b> ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		11/06/2018	<input type="checkbox"/> Primary
			<input type="checkbox"/> Runoff
			<input type="checkbox"/> Other
			<input checked="" type="checkbox"/> General
			<input type="checkbox"/> Special
<b>11</b> OFFICE	OFFICE HELD (if any)		<b>12</b> OFFICE SOUGHT (if known) Family District Court Judge District 247th

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM **JC/OH**  
COVER SHEET PG 2

2 of 30

<b>13 C / OH NAME</b> Berg, Janice L. (Ms.)	<b>14 Filer ID</b> (Ethics Commission Filers) 00081820
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b> <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	9,950.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	13,789.79
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	9,459.75
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	100.00

**17 AFFADAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Janice L. Berg  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

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Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
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# SUBTOTALS - JC/OH

<b>18 FILER NAME</b> Berg, Janice L. (Ms.)		<b>19 Filer ID</b> 00081820	(Ethics Commission Filers)
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	9,550.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	400.00
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	13,789.79
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	178.61

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A(J)1: Sch: 1/14 Rpt: 4/30
2 FILER NAME Berg, Janice L. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081820
4 Date 04/18/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Androphy, Joel	7 Amount of Contribution (\$)  \$100.00
	6 Contributor address; City; State; Zip Code  Houston, TX 77030	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Partner
10 Contributor's employer/law firm Berg & Androphy		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 04/20/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berg, Gabriel	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code  New York, NY 10013	
Contributor's Principal Occupation Self-employed attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Gabriel Berg, Attorney		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/09/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berg, Geoffrey	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code  Houston, TX 77019	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Berg Plummer Johnson & Raval LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A(J)1: Sch: 2/14 Rpt: 5/30
2 FILER NAME Berg, Janice L. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081820
4 Date 04/18/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berg, Geoffrey	7 Amount of Contribution (\$)  \$500.00
	6 Contributor address; City; State; Zip Code  Houston, TX 77019	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Partner
10 Contributor's employer/law firm Berg Plummer Johnson & Raval, LLP		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/02/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Barbara	Amount of Contribution (\$)  \$115.00
	Contributor address; City; State; Zip Code  Houston, TX 77025	
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 04/12/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Barbara	Amount of Contribution (\$)  \$200.00
	Contributor address; City; State; Zip Code  Houston, TX 77025	
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 3/14 Rpt: 6/30
<b>2</b> FILER NAME Berg, Janice L. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 04/11/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Heather	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77018		
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Laura Dale & Associates, PC		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 04/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyle Restrepo Harvin & Robbins LLP	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code  Houston, TX 77002		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 04/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhart, Eva	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Bellaire, TX 77401		
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Ross Banks May Cron & Cavin, PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A(J)1: Sch: 4/14 Rpt: 7/30
2 FILER NAME Berg, Janice L. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081820
4 Date 04/11/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhart, George	7 Amount of Contribution (\$)  \$100.00
	6 Contributor address; City; State; Zip Code  Houston, TX 77025	
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title Retired
10 Contributor's employer/law firm Retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 03/26/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finder, Larry	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Houston, TX 77081	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Baker McKenzie		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 04/09/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Robert	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  Farmers Branch, TX 75244	
Contributor's Principal Occupation Attorney & Psychologist		Contributor's Job Title Attorney & Psychologist
Contributor's employer/law firm Wilmington Institute		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A(J)1: Sch: 5/14 Rpt: 8/30
2 FILER NAME Berg, Janice L. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081820
4 Date 04/24/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilder, Philip	7 Amount of Contribution (\$)  \$250.00
	6 Contributor address; City; State; Zip Code  Houston, TX 77006	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Hilder & Associates P.C.		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/23/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kessler, Jonathan	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Houston, TX 77027	
Contributor's Principal Occupation Compliance Analyst		Contributor's Job Title Compliance Analyst
Contributor's employer/law firm Zions Bancorporation		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 03/24/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knox, Matthew	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  Houston, TX 77018	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Laura Dale & Associates, PC		Law firm of contributor's spouse (if any) The Behlmann Law Firm, LP
If contributor is a child, law firm of parent(s) (if any)		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 6/14 Rpt: 9/30
<b>2</b> FILER NAME Berg, Janice L. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 01/27/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krinsky, Dayle <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77056	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Contributor's Principal Occupation Business development		<b>9</b> Contributor's Job Title Director of Business Development
<b>10</b> Contributor's employer/law firm Center for Optimal Brain Health		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 04/16/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Bethany G. Arnold <hr/> Contributor address; City; State; Zip Code  Houston, TX 77006	Amount of Contribution (\$)  \$200.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/02/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Bethany G. Arnold <hr/> Contributor address; City; State; Zip Code  Houston, TX 77006	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 7/14 Rpt: 10/30
<b>2</b> FILER NAME Berg, Janice L. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 04/16/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Bethany G. Arnold <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77006	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 04/06/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lechin, Alex <hr/> Contributor address; City; State; Zip Code  Houston, TX 77034	Amount of Contribution (\$)  \$250.00
Contributor's Principal Occupation Physician		Contributor's Job Title Self-employed physician
Contributor's employer/law firm Alex Lechin, MD		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/01/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Chung <hr/> Contributor address; City; State; Zip Code  Houston, TX 77002	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm C.Y. Lee Law Group, PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 8/14 Rpt: 11/30
<b>2</b> FILER NAME Berg, Janice L. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 04/06/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lybarger, Richard	<b>7</b> Amount of Contribution (\$)  \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	
<b>8</b> Contributor's Principal Occupation Attorney (solo practice)		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Richard Lybarger, Attorney at Law		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNamara, Brian	Amount of Contribution (\$)  \$300.00
	Contributor address; City; State; Zip Code  Kingwood, TX 77339	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm McNamara Law Office PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/14/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNamara, Brian	Amount of Contribution (\$)  \$200.00
	Contributor address; City; State; Zip Code  Kingwood, TX 77339	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm McNamara Law Office PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 9/14 Rpt: 12/30
<b>2</b> FILER NAME Berg, Janice L. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 04/12/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moser, Laura <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77005	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Contributor's Principal Occupation Journalist		<b>9</b> Contributor's Job Title Journalist
<b>10</b> Contributor's employer/law firm Self-employed journalist		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 04/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathan Sommers Jacobs, PC <hr/> Contributor address; City; State; Zip Code  Houston, TX 77056	Amount of Contribution (\$)  \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 04/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Odam, John <hr/> Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$)  \$150.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Harris County Attorney's Office		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A(J)1: Sch: 10/14 Rpt: 13/30
2 FILER NAME Berg, Janice L. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081820
4 Date 05/11/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Plummer, James	7 Amount of Contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code  Houston, TX 77006	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Berg Plummer Johnson & Raval LLP		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/07/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Poerschke, Randall	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Houston, TX 77007	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm The Poerschke Law Firm, PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 04/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ray, Katie	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Houston, TX 77019	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Davis Law Group		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A(J)1: Sch: 11/14 Rpt: 14/30
2 FILER NAME Berg, Janice L. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081820
4 Date 04/18/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudin, Steve	7 Amount of Contribution (\$) \$35.00
	6 Contributor address; City; State; Zip Code  Houston, TX 77025	
8 Contributor's Principal Occupation Home builder		9 Contributor's Job Title Home builder
10 Contributor's employer/law firm Loyd Russel Homes		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 03/23/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sachnowitz, Lanny	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Sherman Oaks, CA 91403	
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/14/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scharfman, Ian	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Sugar Land, TX 77479	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm The Scharfman Law Firm, PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A(J)1: Sch: 12/14 Rpt: 15/30
2 FILER NAME Berg, Janice L. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081820
4 Date 03/27/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shapiro, Stefani	7 Amount of Contribution (\$)  \$250.00
	6 Contributor address; City; State; Zip Code  Bellaire, TX 77401	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Partner
10 Contributor's employer/law firm Schlanger, Silver, Barg & Paine, LLP		11 Law firm of contributor's spouse (if any) Dow Golub Remels & Gilbreath
12 If contributor is a child, law firm of parent(s) (if any)		
Date 04/10/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheil, Kevin	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  The Woodlands, TX 77381	
Contributor's Principal Occupation Customer Care		Contributor's Job Title Customer Care/Greeter/Bouncer
Contributor's employer/law firm Houston Grand Opera		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/21/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todar, Linda	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Houston, TX 77096	
Contributor's Principal Occupation General Contractor		Contributor's Job Title General Contractor
Contributor's employer/law firm Best SurfaceSource		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A(J)1: Sch: 13/14 Rpt: 16/30
2 FILER NAME Berg, Janice L. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081820
4 Date 03/23/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VanWaeyenberghe, Brandon	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code  Houston, TX 77008	
8 Contributor's Principal Occupation Controller		9 Contributor's Job Title Controller
10 Contributor's employer/law firm Powell Foundation		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 04/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wethe, Melissa	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Spring, TX 77386	
Contributor's Principal Occupation Paralegal		Contributor's Job Title Paralegal
Contributor's employer/law firm Law Office of Phillip G. Ghutzman PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 04/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willoughby Law Firm	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Houston, TX 77006	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 14/14 Rpt: 17/30
<b>2</b> FILER NAME Berg, Janice L. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 04/12/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wu, Eugene	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77057	
<b>8</b> Contributor's Principal Occupation Attorney (solo practice) & State Representative		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Eugene Wu, Attorney		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 1/1 Rpt: 18/30	
2 FILER NAME Berg, Janice L. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081820	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 06/22/2018	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Bethany G. Arnold	8 Amount of contribution (\$) \$100.00	9 In-kind contribution description Campaign literature and tee shirts for Pride Parade
	7 Contributor address; City; State; Zip Code  Houston, TX 77006	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 04/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melman, Samantha	Amount of contribution (\$) \$300.00	In-kind contribution description Food and beverages for fundraiser
	Contributor address; City; State; Zip Code  Houston, TX 77096	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Homemaker		Contributor's job title (FOR JUDICIAL) (See instructions) N/A	
Contributor's employer/law firm (FOR JUDICIAL) N/A		Law firm of contributor's spouse (if any) (FOR JUDICIAL) Spark Energy	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/11 Rpt: 19/30	<b>2</b> FILER NAME Berg, Janice L. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 01/25/2018	<b>5</b> Payee name Area 5 Democrats	
<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code 3800 Spencer Highway Suite L  Pasadena, TX 77504	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution/donation to Area 5 Democrats for voter outreach
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 04/10/2018	Payee name Carroll Printing & Promotions	
Amount (\$) \$393.49	Payee address; City; State; Zip Code 2907 Canal St  Houston, TX 77003	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign literature
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 01/26/2018	Payee name EQ Heights Coffee	
Amount (\$) \$6.84	Payee address; City; State; Zip Code 1030 Heights Blvd  Houston, TX 77008	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coffee and lunch meeting with website designer
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -         | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/11 Rpt: 20/30	<b>2</b> FILER NAME Berg, Janice L. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 01/26/2018	<b>5</b> Payee name EQ Heights Coffee	
<b>6</b> Amount (\$) \$15.94	<b>7</b> Payee address; City; State; Zip Code 1030 Heights Blvd  Houston, TX 77008	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coffee and lunch with website designer
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/01/2018	Payee name Google Inc	
Amount (\$) \$5.33	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense G-Suite Basic (email server)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/01/2018	Payee name Google Inc	
Amount (\$) \$5.33	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense G-Suite Basic (email server)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/11 Rpt: 22/30	<b>2</b> FILER NAME Berg, Janice L. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00081820
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<b>4</b> Date 03/21/2018	<b>5</b> Payee name Harris County Democratic Lawyers' Association
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<b>6</b> Amount (\$) \$450.00	<b>7</b> Payee address; City; State; Zip Code 711 Louisiana Street Suite 1900 Houston, TX 77002
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship for CLE summer series
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/13/2018	Payee name Harris County Democratic Party
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Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 1445 N Loop W Suite 110 Houston, TX 77008
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship (1 table) for Johnson Rayburn Richards Dinner
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/20/2018	Payee name Harris County Democratic Party
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Amount (\$) \$35.00	Payee address; City; State; Zip Code 1445 N Loop W Suite 110 Houston, TX 77008
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sustaining monthly membership
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -         | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/11 Rpt: 23/30	<b>2</b> FILER NAME Berg, Janice L. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 03/19/2018	<b>5</b> Payee name Harris County Democratic Party	
<b>6</b> Amount (\$) \$35.00	<b>7</b> Payee address; City; State; Zip Code 1445 N Loop W Suite 110 Houston, TX 77008	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sustaining monthly membership
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name                      Office sought                      Office held	
Date 04/19/2018	Payee name Harris County Democratic Party	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 1445 N Loop W Suite 110 Houston, TX 77008	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sustaining monthly membership
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name                      Office sought                      Office held	
Date 05/20/2018	Payee name Harris County Democratic Party	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 1445 N Loop W Suite 110 Houston, TX 77008	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sustaining monthly membership
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name                      Office sought                      Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/11 Rpt: 24/30	<b>2</b> FILER NAME Berg, Janice L. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 06/19/2018	<b>5</b> Payee name Harris County Democratic Party	
<b>6</b> Amount (\$) \$35.00	<b>7</b> Payee address; City; State; Zip Code 1445 N Loop W Suite 110 Houston, TX 77008	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sustaining monthly membership
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/27/2018	Payee name Harris County Democratic Party	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 1445 N Loop W Suite 110 Houston, TX 77008	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coordinated campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/15/2018	Payee name Harris County Democratic Party	
Amount (\$) \$3,750.00	Payee address; City; State; Zip Code 1445 N Loop W Suite 110 Houston, TX 77008	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coordinated campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 7/11 Rpt: 25/30	<b>2</b>	FILER NAME Berg, Janice L. (Ms.)	<b>3</b>	Filer ID (Ethics Commission Filers) 00081820	
<b>4</b>	Date 01/16/2018	<b>5</b>	Payee name Harris County Tejano Democrats			
<b>6</b>	Amount (\$) \$25.00	<b>7</b>	Payee address; City; State; Zip Code 3213 Houston Ave.  Houston, TX 77009			
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership fee to democratic club			
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 01/09/2018		Payee name Legacy Parking Company, LLC			
	Amount (\$) \$25.00		Payee address; City; State; Zip Code Block 142 710 Walker Street Houston, TX 77002			
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking fee for endorsement screening meeting at The Houston Club			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 01/12/2018		Payee name Raise the Money, Inc.			
	Amount (\$) \$115.00		Payee address; City; State; Zip Code P.O. Box 26466  Little Rock, AR 72221			
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charge from online fundraising site for refund of contribution due to error by processor plus fee.			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/11 Rpt: 26/30	<b>2</b> FILER NAME Berg, Janice L. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 01/31/2018	<b>5</b> Payee name Raise the Money, Inc.	
<b>6</b> Amount (\$) \$10.05	<b>7</b> Payee address; City; State; Zip Code P.O. Box 26466  Little Rock, AR 72221	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for multiple online political contributions 01/01/2018-01/31/2018
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/28/2018	Payee name Raise the Money, Inc.	
Amount (\$) \$50.00	Payee address; City; State; Zip Code P.O. Box 26466  Little Rock, AR 72221	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for multiple online political contributions 02/01/2018-02/28/2018
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/31/2018	Payee name Raise the Money, Inc.	
Amount (\$) \$54.90	Payee address; City; State; Zip Code P.O. Box 26466  Little Rock, AR 72221	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for multiple online political contributions 03/01/2018-03/31/2018
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/11 Rpt: 27/30	<b>2</b> FILER NAME Berg, Janice L. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 04/30/2018	<b>5</b> Payee name Raise the Money, Inc.	
<b>6</b> Amount (\$) \$126.97	<b>7</b> Payee address; City; State; Zip Code P.O. Box 26466  Little Rock, AR 72221	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for multiple online political contributions 04/01/2018-04/30/2018
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/31/2018	Payee name Raise the Money, Inc.	
Amount (\$) \$10.05	Payee address; City; State; Zip Code P.O. Box 26466  Little Rock, AR 72221	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for multiple online political contributions 05/01/2018-05/31/2018
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2018	Payee name Raise the Money, Inc.	
Amount (\$) \$29.90	Payee address; City; State; Zip Code P.O. Box 26466  Little Rock, AR 72221	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for multiple online political contributions 06/01/2018-06/30/2018
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -         | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/11 Rpt: 28/30	<b>2</b> FILER NAME Berg, Janice L. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 05/08/2018	<b>5</b> Payee name Strong Strategies LLC	
<b>6</b> Amount (\$) \$750.00	<b>7</b> Payee address; City; State; Zip Code 325 W 18th St  Houston, TX 77008	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign services
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/09/2018	Payee name The Beacon Agency	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 945 McKinney St  Houston, TX 77002	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wordpress monthly hosting (website)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/01/2018	Payee name The Beacon Agency	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 945 McKinney St  Houston, TX 77002	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wordpress monthly hosting (website)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/11 Rpt: 29/30	<b>2</b> FILER NAME Berg, Janice L. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 03/01/2018	<b>5</b> Payee name The Beacon Agency	
<b>6</b> Amount (\$) \$35.00	<b>7</b> Payee address; City; State; Zip Code 945 McKinney St  Houston, TX 77002	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wordpress monthly hosting (website)
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 04/01/2018	Payee name The Beacon Agency	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 945 McKinney St  Houston, TX 77002	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wordpress monthly hosting (website)
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate/Officeholder name Office sought Office held	
Date 05/01/2018	Payee name The Beacon Agency	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 945 McKinney St  Houston, TX 77002	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wordpress monthly hosting (website)
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate/Officeholder name Office sought Office held	

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 30/30
<b>2</b> FILER NAME Berg, Janice L. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081820
<b>4</b> Date 01/23/2018	<b>5</b> Name of person from whom amount is received Carroll Printing & Promotions	<b>8</b> Amount (\$) \$178.61
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  Houston, TX 77003	
<b>7</b> Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Mistaken charge, refunded. Outgoing expense was reported last reporting period.		